Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H130002194083)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUILLERMO RODRIGUEZ & ASSOCIATES,

Account Number : 120050000147 : (305)649-7128 Phone Fax Number : (305)643-2905

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORBENI II LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
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Corporate Filing Menu

Help

B. BOSTICK

OCT ~ 3 2013

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

FLORBENI II LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR TONANTE

Name of Person

FLORBENI II LLC

Firm/Company

247 SW 8TH STREET #891

Address

MIAMI, FL 33130

City/State and Zip Code

TAYLORELIXABETH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR TONANTE

Name of Person

_{.,/}305**、649-712**8

Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐\$30,00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐\$60,00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

H 13000219408

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|-----|-----|----|-----|----|----|--------|
| r L | UB. | | NI | 11 | 11 | ı: |

(Name of the Limited Liability Company as it now appears on our records.)

| (, | A Florida Limited | Liability Company) | _ | | |
|---|---|--|-------------------------|-------------|---------------|
| The Articles of Organization for this Limited L Florida document number <u>L10000082909</u> | iability Compan | y were filed on 08/09/2 | 010 | _ and assig | gned |
| This amondment is submitted to amend the following | lowing: | | | | |
| A. If amending name, enter the new name o | f the limited lial | bility company here: | | | |
| N/A | | | | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Lim | iited Liability Company," th | c designation "L.L.C | " or the ab | breviation |
| Enter new principal offices address, if applicable: | | N/A | | | |
| (Principal office address MUST BE A STREE | TADDRESS) | | Z. | 2013 | |
| | | | C | 300 | ,_ |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | | N/A | ASSE 1 | 12 | |
| | | | | 墨 | |
| | | | <u> </u> | ် က် | • . |
| B. If amending the registered agent and/ registered agent and/or the new registered of | or registered of ffice address her | ffice address on our re <u>re</u> : | cords, <u>cuter the</u> | name of | the new |
| Name of New Registered Agent: | HECTOR | TONANTE | | | |
| New Registered Office Address: | New Registered Office Address: 247 SW 8TH STREET #891 | | | | |
| | Enter Morida street addi | | | ï | |
| | MIAMI, | | Florida 3313 | 0 | |
| | City | | | Zip Code | |
| New Registered Agent's Signature, if changing I | Registered Agent: | <u>t</u> | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title name, and address of each Manager

| or Managin | 2 Member being added or removed fro | | - 0 |
|----------------------|-------------------------------------|------------------------|---------------------------------------|
| MGR = Ma MGRM = N | nager Ianaging Member | ((H1300021948 | 83)) |
| <u>Title</u> | Name | Address | Type of Action |
| MGRM | HECTOR TONANTE 50% | 247 SW 8TH STREET #891 | ✓ Add |
| | | MIAMI, FL 33130 | Remove |
| | | 247 SW 8TH STREET #891 | _ |
| MGRM | PATRICIA ROSA CACACE DE TONANTE 50% | MIAMI, FL 33130 | ✓ Add |
| | | | Remove |
| MGRM | TONANTE, MARIA G | 247 SW 8TH STREET #891 | Add |
| | | MIAMI, FL 33130 | Remove |
| MGRM | MASSON, WALTER B | 247 SW 8TH STREET #891 | 2 Add |
| | | MIAMI, FL 33130 | Remove |
| MGRM | YOOS, MIRTA G | 247 SW 8TH STREET #891 | Add |
| | | MIAMI, FL 33130 | Remove |
| | | | Add |
| | | | · · · · · · · · · · · · · · · · · · · |
| | | | Remove |

| 10/02/2013 04:25 FAI 3056432905 GUILLERMO RODRIGUEZ | Ph |
|--|------|
| D. If amending any other information, enter change(s) here (Attack additional sheets, if necessary.) | 3°5' |
| | |
| | |
| | |
| | |
| Dated October 02 2013 | |
| Theeto | _ |
| Signature of a member or authorized representative of a member | |
| HECTOR TONANTE Typed or printed name of signee | |
| Page 3 of 3 | |

Filing Fee: \$25.00

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